

Texas Education Agency Standard Application System (SAS)

2017–2018 Perkins Reserve Grant

Program authority:	Title I, Part A, Carl D. Perkins Career and Technical Education Act of 2006, Public Law 109-270, Section 112(a)(1)	FOR TEA USE ONLY Write NOGA ID here:
Grant Period:	November 13, 2017, to August 31, 2018	
Application deadline:	5:00 p.m. Central Time, September 26, 2017	Place date stamp here.
Submittal information:	One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address: Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494	
Contact information:	Diane Salazar: diane.salazar@tea.texas.gov ; (512) 936-6060	

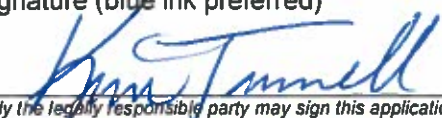
Schedule #1—General Information

Part 1: Applicant Information				
Organization name	County-District #		Amendment #	
Mineola ISD	250903			
Vendor ID #	ESC Region #			
	7			
Mailing address	City	State	ZIP Code	
1695 West Loop 564	Mineola	TX	75773	
Primary Contact				
First name	M.I.	Last name	Title	
Mark		Parkerson	Director of Special Programs	
Telephone #	Email address		FAX #	
903-569-2448	parkersonm@mineolaisd.net		903-569-5155	
Secondary Contact				
First name	M.I.	Last name	Title	
Kim		Tunnell	Superintendent	
Telephone #	Email address		FAX #	
903-569-2448	tunnellk@mineolaisd.net		903-569-5155	
Part 2: Certification and Incorporation				

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official:

First name	M.I.	Last name	Title
Kim		Tunnell	Superintendent
Telephone #	Email address		FAX #
903-569-2448	tunnellk@mineolaisd.net		903-569-5155
Signature (blue ink preferred)		Date signed	


Only the legally responsible party may sign this application.



701-17-103-056

Schedule #1—General Information

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 3: Schedules Required for New or Amended Applications

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 1: Required Attachments

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

Part 2: Acceptance and Compliance

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the General and Fiscal Guidelines .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all Debarment and Suspension Certification requirements.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 3: Program-Specific Provisions and Assurances☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurances that they will continue to meet all Statutory Requirements as outlined in their 2017–2018 Perkins Formula Grant incorporated by reference.
4.	The applicant assures that its ability is to meet the 20% match requirement.
5.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the curriculum they develop will be appropriately aligned to marketable skills in the identified high-demand occupations. It may include industry recognized credentialing as part of the degree plan.
6.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the development and implementation of industry experiences, including mentorship programs, internships, externships, and/or apprenticeship, will expose students to applied learning and real-world work activities in the identified high-demand occupation(s).
7.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that, within 90 days of the grant start, awarded applicants will submit a Memorandum of Understanding (MOU) detailing the relationship between the dual credit partner, the LEA, and business and industry partner(s).

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #4—Request for Amendment

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 1: Submitting an Amendment

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail **or** by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

Part 2: When an Amendment Is Required

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

Part 3: Revised Budget

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total costs:		\$	\$	\$	\$

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #4—Request for Amendment (cont.)

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 4: Amendment Justification

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #5—Program Executive Summary

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Indicate the Focus Area for which you are applying. **Only one Focus Area may be selected per application, limit of two applications per LEA** (see Program Guidelines pages 8 and 11 for more information on eligibility requirements for each of the Focus Areas).

- ☐ Focus Area 1: Pathway Hubs, Rural Schools
- ☐ Focus Area 2: Pathway Hubs, Career Center Partnerships
- ☐ Focus Area 3: CTE Career Cluster
- ☒ Focus Area 4: Testing Site/Licensed Instructor

Mineola High School is in a rural setting in East Texas and wishes to implement a testing site within the Health cluster with the Perkins Reserve Grant fund. Mineola High School currently has unfocused pathways to a Health Services Phlebotomy certification. The Health cluster is identified in the top five needs for our region according to Texas Career Check. Mineola high school wishes to add a Phlebotomy, EKG and a CNA certification exam program to the health services cluster. This will tremendously benefit our students by allowing them to pursue industry certifications and/ or degrees that will enhance their skills for today's workforce. This cluster has been identified by our regional workforce commission as important to our economy. Mineola ISD has worked closely with the Workforce Commission, local business leaders, Tyler Junior college and the Mineola CTE foundation to bring focus and direction to our CTE program over the last six months. This grant is a perfect option to allow us to put our findings in place to expand and impact Mineola High School CTE program. Mineola ISD qualifies for this grant because more than 25% are CTE concentrators (Code 2)

Our budget was developed around purchasing the equipment such as EKG machines, test prep materials and any fees associated with being our own exam center.

As a rural school in East Texas many of our students choose to live in the community once they graduate from high school. By providing them with immediate employment opportunities in the fast growing health fields, they will be able to make a career choice that fulfils their expectations.

The CTE Director will serve as project manager and has worked with the Texas Workforce Commission, the Mineola CTE Foundation and Tyler Junior College to design our needs assessment process. As a 3A rural school district in East Texas with over 62% of students classified as economically disadvantaged, many do not have access to CTE experiences and have limited exposure to experiences afforded to students in more suburban areas. The process allowed us to realize that we have not had focus or developed cohesive concurrent curriculum pathways, or the ability to test our own students in the career clusters with the most need. The project director will monitor the certification process on a continuing basis. With information collected from our data and evaluation process we will determine efficacy on a regular basis. Once information is shared with our partners, we will move forward to make necessary changes to promote the best practice. The project director has the authority to update and or change the process as reflected by our data and evaluation.

The management plan will be overseen by the CTE Director who will serve as project manager. The project director will aid the high school principal, counselors and teachers in setting up the program within the CTE community at Mineola High School. The project director will Christus Trinity Mother Frances Hospital and Grace Community Healthcare Clinic and area nursing homes to set up practicums for the Health Cluster.

The project director will continuously monitor curriculum, student success and partnerships to ensure a smooth transition along the Health Cluster Pathway.

Qualitative data, including site visits and interviews of the teachers and students will be taken. Site visits will be conducted regularly during the year. During each site visit, the project director will assess staffing information.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

partnerships and student success. Satisfaction surveys from students and staff will be taken annually. Data collections will include number of students in taking certification exams, success rate, number of students enrolling in post-secondary schools and students who find immediate employment upon graduation in their certified areas.

A final report for the project will be written in June and presented to the CTE partnership in early July. In the report, the project director will use the data provided to produce an honest assessment of the program. Recommendations will be made at both the programmatic and site levels. Progress will be defined by increased enrollment in the CTE clusters, success rate in the classroom, and increased numbers of students passing health certifications.

Within the last year, Mineola ISD met with the local workforce development board and recognized 8 high demand occupations and programs of study. The Health cluster that Mineola ISD has chosen fall within those eight high demand occupations and within the top five of the Texas Career Check for our region. The Health cluster program can not only lead to certification in Phlebotomy, EKG, or CNA certifications prior to graduation, but can lead to an enhanced career within the health industry. Partner organizations at this point are Tyler Junior College, our local workforce development board, the University of Texas at Tyler, Christus Trinity Mother Frances Hospital, Grace Community Healthcare clinic and the local CTE Foundation. MOU's are already in place with Christus Trinity Mother Frances Hospital and Grace Community Healthcare.

Because most of the needs for the grant are curriculum, equipment and training specific, it is anticipated that sustainability will occur and will continue to meet the goals of the grant program once funding has ended. The Mineola ISD has committed to a 20% match of funds annually from non-federal funds.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #6—Program Budget Summary

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Program authority: Title I, Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109-270, Sec. 112 (a)(1)

Grant period: November 13, 2017, to August 31, 2018

Fund code: 244

Budget Summary

Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost	Match
Schedule #7	Payroll Costs (6100)	6100	\$0	\$0	\$0	\$0
Schedule #8	Professional and Contracted Services (6200)	6200	\$0	\$0	\$0	\$0
Schedule #9	Supplies and Materials (6300)	6300	\$9500	\$500	\$10000	\$2000
Schedule #10	Other Operating Costs (6400)	6400	\$0	\$0	\$0	\$0
Schedule #11	Capital Outlay (6600)	6600	\$0	\$0	\$0	\$0
Grand total of budgeted costs (add all entries in each column):			\$9500	\$500	\$10000	\$2000

Administrative Cost Calculation

Enter the total grant amount requested:	\$10000
Percentage limit on administrative costs established for the program (5%):	× .05
Multiply and round down to the nearest whole dollar. Enter the result.	\$500
This is the maximum amount allowable for administrative costs, including indirect costs:	

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #7—Payroll Costs (6100)

County-district number or vendor ID: 250903		Amendment # (for amendments only):			
Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted	Match
Academic/Instructional					
1					
2	Educational aide			\$	\$
3	Tutor			\$	\$
Program Management and Administration					
4	Project director			\$	\$
5	Project coordinator			\$	\$
6	Teacher facilitator			\$	\$
7	Teacher supervisor			\$	\$
8	Secretary/administrative assistant			\$	\$
9	Data entry clerk			\$	\$
10	Grant accountant/bookkeeper			\$	\$
11	Evaluator/evaluation specialist			\$	\$
Auxiliary					
12	Counselor			\$	\$
13	Social worker			\$	\$
14	Community liaison/parent coordinator			\$	\$
Education Service Center (to be completed by ESC only when ESC is the applicant)					
15					
16					
17					
18					
19					
20					
Other Employee Positions					
21	Title			\$	\$
22	Title			\$	\$
23	Title			\$	\$
24	Subtotal employee costs:			\$	\$
Substitute, Extra-Duty Pay, Benefits Costs					
25	6112 Substitute pay			\$	\$
26	6119 Professional staff extra-duty pay			\$	\$
27	6121 Support staff extra-duty pay			\$	\$
28	6140 Employee benefits			\$	\$
29	61XX Tuition remission (IHEs only)			\$	\$
30	Subtotal substitute, extra-duty, benefits costs			\$	\$
31	Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):			\$0	\$0

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #8—Professional and Contracted Services (6200)			
County-district number or vendor ID: 250903		Amendment # (for amendments only):	
NOTE: Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.			
Professional and Contracted Services Requiring Specific Approval			
Expense Item Description		Grant Amount Budgeted	Match
6269	Rental or lease of buildings, space in buildings, or land	\$0	\$0
	Specify purpose:		
a. Subtotal of professional and contracted services (6200) costs requiring specific approval:		\$0	\$0
Professional and Contracted Services			
#	Description of Service and Purpose	Grant Amount Budgeted	Match
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$
10		\$	\$
11		\$	\$
12		\$	\$
13		\$	\$
14		\$	\$
b. Subtotal of professional and contracted services:		\$	\$
c. Remaining 6200—Professional and contracted services that do not require specific approval:		\$0	\$0
(Sum of lines a, b, and c) Grand total		\$0	\$0

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

For TEA Use Only

Changes on this page have been confirmed with:

Via telephone/fax/email (circle as appropriate)

On this date:

By TEA staff person:

Schedule #9—Supplies and Materials (6300)			
County-District Number or Vendor ID: 250903		Amendment number (for amendments only):	
Supplies and Materials Requiring Specific Approval			
		Grant Amount Budgeted	Match
6300	Total supplies and materials that do not require specific approval:	\$0	\$0
Grand total:		\$10000	\$2000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

For TEA Use Only	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Schedule #10—Other Operating Costs (6400)			
County-District Number or Vendor ID: 250903		Amendment number (for amendments only):	
Expense Item Description		Grant Amount Budgeted	Match
6413	Stipends for non-employees other than those included in 6419	\$0	\$0
6419	Non-employee costs for conferences. Requires pre-authorization in writing.	\$0	\$0
Subtotal other operating costs requiring specific approval:		\$0	\$0
Remaining 6400—Other operating costs that do not require specific approval:		\$0	\$0
Grand total:		\$0	\$0

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

For TEA Use Only	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Schedule #11—Capital Outlay (6600)					
County-District Number or Vendor ID: 250903				Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted	Match
6669—Library Books and Media (capitalized and controlled by library)					
1		N/A	N/A	\$	\$
66XX—Computing Devices, capitalized					
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$
7			\$	\$	\$
8			\$	\$	\$
9			\$	\$	\$
10			\$	\$	\$
11			\$	\$	\$
66XX—Software, capitalized					
12			\$	\$	\$
13			\$	\$	\$
14			\$	\$	\$
15			\$	\$	\$
16			\$	\$	\$
17			\$	\$	\$
18			\$	\$	\$
66XX—Equipment, furniture, or vehicles					
19			\$	\$	\$
20			\$	\$	\$
21			\$	\$	\$
22			\$	\$	\$
23			\$	\$	\$
24			\$	\$	\$
25			\$	\$	\$
26			\$	\$	\$
27			\$	\$	\$
28			\$	\$	\$
66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)					
29				\$0	\$0
Grand total:				\$0	\$0

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

For TEA Use Only	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Schedule #12—Demographics and Participants to Be Served with Grant Funds														
County-district number or vendor ID: 250903										Amendment # (for amendments only):				
Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds. Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.														
Student Category	Student Number	Student Percentage	Comment											
Economically disadvantaged	246	55.5	Actual percentage is supposed greater in that high school students are reluctant to reveal EC											
Limited English proficient (LEP)	16	3.6												
Attendance rate	NA	95.2												
Annual dropout rate (Gr 9-12)	NA	1.9%												
Teacher Category	Teacher Number	Teacher Percentage	Comment											
1-5 Years Exp.	3.8	8.9												
6-10 Years Exp.	6.5	15.1												
11-20 Years Exp.	13.3	30.9												
20+ Years Exp.	15.3	35.7												
No degree	0	0												
Bachelor's Degree	30.2	70.5												
Master's Degree	12.7	29.5												
Doctorate	0	0												
Part 2: Students/Teachers To Be Served With Grant Funds. Enter the number of students in each grade, by type of school, projected to be served under the grant program.														
School Type:		<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Open-Enrollment Charter			<input type="checkbox"/> Private Nonprofit			<input type="checkbox"/> Private For Profit			<input type="checkbox"/> Public Institution		
Students														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										114	56	53	50	273
Teachers														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										6	6	6	6	24

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #13—Needs Assessment

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 1: Process Description. A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The needs assessment started for this grant early this year. The high school principal, superintendent and the local CTE Foundation met with the local Workforce Commission to determine high need employment opportunities within our region. The joint meeting determined that there were eight high needs. A comparison took place between the high need areas and offerings at Mineola High School. It was discovered that Mineola high school was not offering pathways and or clusters that matched up with the needs of the industry. This summer a new CTE director was employed by the district and further exploration revealed that the high school could offer Clusters in three areas that would rank in the top five needs in the area as revealed by Texas Career Check. Through a partnership with Grace Community Healthcare the High School did offer a Phlebotomy course for a small number of students. Grace Community provided the practicum.

Mineola High school (the only high school campus) determined to expand on the success of the Health cluster program. There was a small concern that Grace Community Healthcare could not handle all of the practicum needs until Christus Trinity Mother Frances Hospital agreed to come on board.

The desired outcome is expansion of the Phlebotomy Certification while adding EKG and CNA certifications to the Health cluster. Budget expenditures would be used to set up EKG, Phlebotomy and CNA certification exams. Exam certification equipment such as an EKG machine and test prep material will be a part of the budget items. Prior to the exams practicums will be held at Christus Trinity Mother Frances Hospital, Grace Community Health Care and Autumn Trails nursing home.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #13—Needs Assessment (cont.)

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 2: Alignment with Grant Goals and Objectives. List your top three to five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Phlebotomy certified personnel	The grant would provide equipment, test prep material and faculty training to successfully allow students to pass their Phlebotomy certification exams.
2.	EKG certified personnel	The grant would provide equipment, test prep material and faculty training to successfully allow students to pass their EKG certification exams.
3.	CNA certified personnel	The grant would provide equipment, test prep material and faculty training to successfully allow students to pass their CNA certification exams.
4.		
5.		

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #14—Management Plan

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 1: Staff Qualifications. List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Health Science Teacher	Health Science certificate, Preferred work experience in health industry. Certified to administer exams
2.	Project Director	Ability and authority to monitor and oversee grant. Make necessary changes to ensure efficacy and success rates for students and teachers
3.		
4.		
5.		

Part 2: Milestones and Timeline. Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Test site	1. Create MOU's with testing agencies	12/1/2017	2/1/2018
		2. Purchase testing equipment	12/1/2017	2/1/2018
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.	Teacher training	1. Train and license teachers to administer tests	06/1/2018	08/1/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.	Offer Certification Tests in Phlebotomy, EKG and CNA	1. Create testing dates	9/1/2018	10/1/2018
		2. Purchase test prep materials	9/1/2018	10/1/2018
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX

Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #14—Management Plan (cont.)

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 3: Feedback and Continuous Improvement. Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The project director will continuously monitor curriculum, student success and partnerships to ensure a smooth transition along the Health Cluster Pathway.

The project director will also work with all faculty to ensure they have proper certifications, equipment and materials to properly conduct their classes.

The CTE director meets with all CTE personnel, the high school principal and high school counselors on a monthly basis to discuss goals and objectives. The CTE director in conjunction with CTE Staff and personnel makes adjustments as necessary. Feedback from both students and faculty along with collected data will drive decision making for adjustments and changes.

We are currently creating new CTE webpages for each cluster. Which will communicate updates to parents, students and community members.

Part 4: Sustainability and Commitment. Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

We currently have an ongoing existing effort wherein we developed our Phlebotomy program in conjunction with Christus Trinity Mother Frances Hospital and the Mineola CTE Foundation. With funding from both of those partners, we were able to purchase enough equipment to handle a small number of students. We had 6 students go through the program last semester with 4 passing their certification exam. This attempt was the nucleus of what we now desire to do in expanding our Phlebotomy lab, and equipping an EKG lab and CNA lab along with providing clear pathways that incorporate dual credit Medical Terminology and Anatomy and Physiology for all programs. Since Christus Mother Frances Hospital and the Mineola CTE Foundation has provided funding for the start up, they have a vested interest in continuing the program. We will build on their donations and counsel along with adding Grace Community Healthcare, Autumn Trails and other area nursing homes. These are all community organizations and have a vested interest in training and certifying our students in order to employ them in their own companies. We will continue to meet with and update each organization. We will involve them all discussions. We will keep them up to date on needs and successes. We currently meet with these organizations on a quarterly basis.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #15—Project Evaluation

County-district number or vendor ID: 250903

Amendment # (for amendments only):

Part 1: Evaluation Design. List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Satisfaction Surveys	1.	Satisfaction with course curriculum
		2.	Satisfaction with progress
		3.	
2.	Qualitative Site visits and interviews	1.	Faculty interviews
		2.	Student Interviews
		3.	
3.	Quantitative Collections	1.	Student enrollment by certification
		2.	Student success rate/ classes passed
		3.	Student success rate by exam and enrollment in postsecondary
4.	Quantitative/Programmatic	1.	Staff Trainings
		2.	Staff Meetins
		3.	Parent meetings
5.		1.	
		2.	
		3.	

Part 2: Data Collection and Problem Correction. Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Program data collections will be through PEIMS and will include number of participants served in each certification, student grades and passing rates, attendance and discipline rates for those enrolled in CTE Health clusters. Data will be analyzed by CTE faculty, CTE Director, high school principal and high school counselors.

The project director will formulate and administer "Satisfaction Surveys" and share with CTE staff, to provide data on programmatic activities each semester. Adjustments will be made when warranted, discussion during the regularly scheduled meetings, and problems will be addressed

Qualitative data (including site interviews with students and faculty) will be collected by project director and shared with CTE staff on a monthly basis, as well as monthly site visits and feedback from partners and administrators. Recommendations will be made both on the programmatic and site level basis.

Data will be collected on the number and percentage of students passing industry certification exams and the number of students enrolling in postsecondary schools to further a career chosen within the Health cluster.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 1: Explain how the project identified the high-demand occupations and their related programs of study in partnership with the local workforce development board. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Areas 1, 2, or 3 must address this question.

N/A-Focus area #4

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 2: Describe how you will design at least one program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-demand occupations identified by local regional workforce board. The program of study should build in rigor as students progress through high school. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Areas 1, 2, or 3 must address this question.

N/A- Focus Area #4

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 3: Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate's degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk may also demonstrate how the project can lead to a bachelor's degree. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Areas 1, 2, or 3 must address this question.

N/A Focus Area #4

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements (cont.)

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 4: Identify the partner organizations that will help carry out the grant. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

N/A Focus Area #4

TEA Program Requirement 5: Identify at least one industry partner that will assist with curriculum development to support relevant and frequent industry experiences for students participating in the program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

N/A Focus Area #4

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 6: Propose a sustainability plan to ensure that the school(s) will continue to meet the goals of the grant program after the end of the grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Areas 1, 2, or 3 must address this question.

N/A Focus Area #4

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 7: List capstone industry certifications and programs of study that were identified in partnership with postsecondary, industry, or other LEAs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Area 4 must address this question.

Capstone industry certifications would include:

1. Phlebotomy Certification
2. EKG Certification
3. CNA Certification

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 250903

Amendment # (for amendments only):

TEA Program Requirement 8: Explain how the awarding of a Perkins Reserve Grant will complement the existing CTE program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Applicants applying for Focus Area 4 must address this question.

The health care industry is the largest in our region and there is a documented shortage of CNA's, Phlebotomists and certified EKG personnel. This cluster is critical to our economy and would not be possible to reach it's potential without this grant. There is also the cultural impact on students being able work in fully equipped classrooms which should help us with our attendance and discipline rates.

The grant would also encourage students to choose a pathway that will allow them to make a living above the median income for our county. This grant is a win win for the school and the community as in the long term we hope to not only raise median income, but raise the quality of life for students and their families.

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation				
County-District Number or Vendor ID: 250903		Amendment number (for amendments only):		
No Barriers				
#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Barrier: Gender-Specific Bias				
#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barrier: Cultural, Linguistic, or Economic Diversity				
#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with: Via telephone/fax/email (circle as appropriate)	On this date: _____ By TEA staff person: _____
---	---

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Cultural, Linguistic, or Economic Diversity (cont.)

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including high school equivalency (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Gang-Related Activities

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Gang-Related Activities (cont.)

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Drug-Related Activities

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Visual Impairments

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Visual Impairments

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Hearing Impairments

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Learning Disabilities

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Other Physical Disabilities or Constraints

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Inaccessible Physical Structures

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Absenteeism/Tuancy

#	Strategies for Absenteeism/Tuancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: High Mobility Rates

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Lack of Support from Parents

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Lack of Support from Parents (cont.)

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Shortage of Qualified Personnel

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Lack of Knowledge Regarding Program Benefits

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 250903

Amendment number (for amendments only):

Barrier: Lack of Knowledge Regarding Program Benefits (cont.)

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Lack of Transportation to Program Activities

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barrier: Other Barriers

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			

For TEA Use Only

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person: